

OERU Quarterly Invoice and Progress Report Coversheet

County: _____	Allocation Number: _____
Mailing Address:	Fiscal Year: Quarter*: <input type="checkbox"/> 2006/2007 <input type="checkbox"/> July – September <input type="checkbox"/> 2007/2008 <input type="checkbox"/> October – December <input type="checkbox"/> 2008/2009 <input type="checkbox"/> January – March <div style="text-align: right;"><input type="checkbox"/> April – June</div> <p><small>* Due 45 working days after the end of each quarter.</small></p>
Checklist:	
Required Items: Quarterly Progress Reports <input type="checkbox"/> 1 signed original and 1 copy Quarterly Invoices <input type="checkbox"/> 2 signed originals and 6 copies <input type="checkbox"/> 1 copy of subcontractor invoices NOTE: An electronic copy of each required item or other request MUST also be sent in: <ul style="list-style-type: none"> Excel (budgets/invoices) OR Word (others) 	Other Requests*: <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Line Item Budget Adjustment (include revised budget) <input type="checkbox"/> Work Plan Adjustment (include revised plan) <input type="checkbox"/> Other (specify) _____ <p><small>* A narrative description for each item requested must be attached.</small></p>
Submission Requirements:	
<input type="checkbox"/> Mail via U.S. Postal Service or overnight mail hard copies of all required and requested items to:	California Department of Health Services Medi-Cal Eligibility Branch 1501 Capitol Avenue, Suite 71-4001, MS 4607 P.O. Box 997417 Sacramento, CA 95899-7417 Attention: OERU Unit/Quarterly Invoice & Progress Report
<input type="checkbox"/> Sent electronic copies of <u>all</u> the required and requested items checked above to:	<input type="checkbox"/> Assigned OERU analyst and <input type="checkbox"/> OERU mail-box (OERU@dhs.ca.gov)
OERU Project Director (Person Authorized to Sign on Behalf of the County):	
Signature: _____ Title: _____ Date: _____ Print Name: _____ Phone: _____ E-Mail: _____ OERU Contact Person (if different) Print Name: _____ Phone: _____ E-mail: _____ Date Package Submitted to CDHS OERU: _____	